

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 269 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Charlene Sumpter

Telephone: (803) 319-6671

Address: P.O. Box 212437

Fax: \_\_\_\_\_

Columbia, SC 29221

Other: \_\_\_\_\_

Email: csumptva@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

277802

RECEIVED

2018 AUG 15 PM 11:40

SC PUBLIC SERVICE COMMISSION

RECEIVED

2018 JUL 26 PM 4:40

SC PUBLIC SERVICE COMMISSION

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 7-26-2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Chaelene Sumpter dba

1. Sky's Transport

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1200 Saint Andrews Road Apt #506 Columbia, SC 29211  
Street Address of Applicant

P.O. Box 212437 Columbia, SC 29221  
Mailing Address of Applicant (if different from street address)

(803) 319-6671  
Phone

Fax

csymptcr2comcast.net  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	<b>Total Liabilities</b>
<b>Total Assets</b>	

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

~~\$~~ 125.00 per mill per person

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Mazda 5	2010 Mazda	VIN# JM1CR2W39A0360627	4,680	N/A

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Charlene Sumpter  
Name of Applicant

1200 Saint Andrews Road Apt 506 Columbia, S.C 29210  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1,000,000 - 6,177

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Gateway Insurance Company  
Name of Insurance Company

953 American Lane 3rd floor Schaumburg IL 60197  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Charlene Sumpter  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Charles Sumpter  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lexington )

SWORN TO BEFORE ME  
This 23<sup>rd</sup> day of July, 2018

Dwayne Perry  
Notary Public

Commission Expires 10/17/26



Print Application

INSURANCE QUOTE

**South Carolina  
Commercial Automobile Insurance**

AGENCY:	TAYLOR AGENCY - 19311	QUOTE#:	CA162880Q2018
ATTENTION:		PRINT DATE:	08/08/2018
APPLICANT:	SKY'S TRANSPORT LLC	QUOTE EFF:	08/15/2018
RENEWAL OF:	N/A	QUOTE EXP:	09/14/2018

COVERAGE/LIMITS/PREMIUM

COVERAGE:	SYMBOL(S)	LIMITS:	PREMIUM:
LIABILITY	2,8,9	\$1,000,000 Limit	\$5,673
NON OWNED AUTO LIABILITY			\$247
HIRED AND BORROWED LIABILITY - SC		\$1,000,000 Limit	\$64
UMBI - SC	7	\$75,000 Limit	\$11
UIM - SC	7	\$75,000 Limit	\$27
MEDICAL - SC	7	\$1,000 Limit	\$105
ADDITIONAL INSURED(S):		1	\$50
STATE REQUIRED FEES AND OR TAXES:			\$0
TOTAL PREMIUM:			<b>\$6,177.00</b>
BASED ON RATING TERRITORY:		COLUMBIA, SC (191)	

NUMBER OF UNITS

NUMBER OF UNITS	1
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UNDERWRITING NOTES

QUOTE IS CONTINGENT TO THE FOLLOWING:  
 SIGNED ACORD & SUPP APPS  
 SIGNED NO LOSS STATEMENT  
 LOSS RUNS  
 SIGNED NON-REPORTED DED ENDT  
 VEHICLE REGISTRATION  
 FAVORABLE MVR

\*\*\*PRICING IS SUBJECT TO CHANGE IF VEHICLE AND/OR DRIVER IS AMENDED/CHANGED\*\*\*

\*\*MINIMUM PREMIUM APPLIES TO POLICY\*\*\*

**GATEWAY INSURANCE COMPANY - NAIC 28339**  
Insurance Quote - South Carolina - Commercial Automobile Insurance  
**SKY'S TRANSPORT LLC**

**REQUIRED INFORMATION**

<input checked="" type="checkbox"/> Confirmation of Policy Terms. <input checked="" type="checkbox"/> Completed/signed ACORD application(s) required at time of binding: <b>SIGNED &amp; DATED ACRODS 125, 127, 137 SC, 61 SC</b> <input type="checkbox"/> Loss runs for the past years. <input checked="" type="checkbox"/> Signed "No-Loss" statement. <input type="checkbox"/> Completed/signed Notice of Terrorism Insurance Coverage. <input checked="" type="checkbox"/> Completed/signed Public Auto Supplemental Application. <input checked="" type="checkbox"/> Signed Non-Reported Operator Deductible Endorsement. <input type="checkbox"/> Completed DOT Medical Examination Report for all drivers age 70 and over. <input type="checkbox"/> Mechanical inspection report with photos for all units over 10 model years old.	<input checked="" type="checkbox"/> Vehicle registrations/lease agreements for all vehicles used by the named insured. <input type="checkbox"/> Updated Driver List. <input type="checkbox"/> Updated MVRs. <input type="checkbox"/> Name and number of all Medicare and Social Service providers. <input type="checkbox"/> Copies of any certificates of insurance and binders issued. <input type="checkbox"/> Current/expiring pricing for all lines. <input type="checkbox"/> Confirmation of state filings required. <input type="checkbox"/> Confirmation of federal filings required. <input type="checkbox"/> Confirmation of other filings required.
---	---

If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.  
**Failure to provide this information in this time frame may result in cancellation of the policy.**

**DISCLAIMERS & GENERAL CONDITIONS**

1. Minimum premium **\$750** applies to policy.
2. The fee for additional insureds is **\$50** each, unless the entity is a state agency.
3. Any policy in cancellation for non-payment will incur a Reinstatement Fee of **\$9**.
4. Unless otherwise stated, this quote is based on standard ISO filed coverage forms.
5. This quote is subject to favorable loss experience verification and favorable inspection, if not obtained prior to the release of this quote.
6. All drivers must qualify under our Safe Driver Criteria.
7. The company reserves the right to exclude/reject any operator, for any reason, who may otherwise qualify under the Safe Driver Criteria.

Thank you for considering GATEWAY INSURANCE COMPANY and The Atlas Group of Companies as your business partner and for the opportunity to provide you with this quote for the above risk.

PREPARED BY:

**LaKeysha Cobbins**

GATEWAY INSURANCE COMPANY - NAIC 28339  
Insurance Quote - South Carolina - Commercial Automobile Insurance  
SKY'S TRANSPORT LLC

VEHICLE SCHEDULE

PHYSICAL DAMAGE:									
	CLASS CODE:	ST:	YEAR:	MAKE:	VALUE TYPE:	VALUE:	PREMIUM:	ALL OTHER COVERAGE:	TOTAL:
1	4398	SC	2010	MAZD				\$5,816	\$5,816



AMERICAN SERVICE INSURANCE COMPANY, INC. - NAIC 42897  
 953 AMERICAN LANE, 3RD FLOOR  
 SCHAUMBURG, IL 60173  
 800.897.2551 | [www.atlas-fin.com](http://www.atlas-fin.com)



INSURANCE QUOTE

**South Carolina  
Commercial General Liability**

AGENCY:	TAYLOR AGENCY 19311	QUOTE#:	GL162882Q2018
ATTENTION:		PRINT DATE:	08/08/2018
APPLICANT:	SKY'S TRANSPORT LLC	QUOTE EFF:	08/15/2018
RENEWAL OF:	N/A	QUOTE EXP:	09/14/2018

COVERAGE/LIMITS/PREMIUM

COVERAGE:	CLASS:	EXPOSURE:	LIMITS:	PREMIUM:
SC - PREMISES/PRODUCTS & COMPLETED OPERATIONS	40031	1	\$1,000,000/\$2,000,000/\$2,000,000	\$118.00
SC - TERRORISM PREMIUM	40031	1	\$1,000,000/\$2,000,000/\$2,000,000	\$1.00
SEXUAL AND PHYSICAL ABUSE	44444		\$500,000/\$1,000,000	\$1,000.00
ADDITIONAL INSURED:		1		\$50.00
STATE REQUIRED FEES AND OR TAXES:				\$0.00
TOTAL PREMIUM:				<b>\$1,169.00</b>
BASED ON RATING TERRITORY:			COLUMBIA, SC (001)	

UNDERWRITING NOTES

\*\*\*THE FOLLOWING ITEMS ARE REQUIRED TO BIND:  
 QUOTE IS CONTINGENT TO THE FOLLOWING:  
 COMPLETE SIGNED & DATED ACORD 125, 126, & 60  
 TERRORISM ACCEPTANCE/REJECTION FORM

\*\*\*PRICING IS SUBJECT TO CHANGE IF VEHICLE AND/OR DRIVER IS AMENDED/CHANGED\*\*\*

\*\*MINIMUM PREMIUM APPLIES TO POLICY\*\*

REQUIRED INFORMATION

<input checked="" type="checkbox"/> Confirmation of Policy Terms. <input checked="" type="checkbox"/> Completed/signed ACORD application(s) required at time of binding: COMPLETE SIGNED & DATED ACORD 125, 126, & 60 TERRORISM ACCEPTANCE/REJECTION FORM. <input type="checkbox"/> Loss runs for the past years. <input type="checkbox"/> Signed "No-Loss" statement. <input checked="" type="checkbox"/> Completed/signed Notice of Terrorism Insurance Coverage. <input type="checkbox"/> Completed/signed Public Auto Supplemental Application. <input type="checkbox"/> Signed Non-Reported Operator Deductible Endorsement. <input type="checkbox"/> Completed DOT Medical Examination Report for all drivers age 70 and over. <input type="checkbox"/> Mechanical inspection report with photos for all units over 10 model years old.	<input type="checkbox"/> Vehicle registrations/lease agreements for all vehicles used by the named insured. <input type="checkbox"/> Updated Driver List. <input type="checkbox"/> Updated MVRs. <input type="checkbox"/> Name and number of all Medicare and Social Service providers. <input type="checkbox"/> Copies of any certificates of insurance and binders issued. <input type="checkbox"/> Current/expiring pricing for all lines. <input type="checkbox"/> Confirmation of state filings required. <input type="checkbox"/> Confirmation of federal filings required. <input type="checkbox"/> Confirmation of other filings required.
---	--

If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.  
**Failure to provide this information in this time frame may result in cancellation of the policy.**

**AMERICAN SERVICE INSURANCE COMPANY, INC. - NAIC 42897**  
Insurance Quote - South Carolina - Commercial General Liability  
**SKY'S TRANSPORT LLC**

**DISCLAIMERS & GENERAL CONDITIONS**

1. Minimum premium **\$750** applies to policy.
2. The fee for additional insureds is **\$50** each, unless the entity is a state agency.
3. Any policy in cancellation for non-payment will incur a Reinstatement Fee of **\$9**.
4. Unless otherwise stated, this quote is based on standard ISO filed coverage forms.
5. This quote is subject to favorable loss experience verification and favorable inspection, if not obtained prior to the release of this quote.
6. All drivers must qualify under our Safe Driver Criteria.
7. The company reserves the right to exclude/reject any operator, for any reason, who may otherwise qualify under the Safe Driver Criteria.
8. The company does not write Monoline Commercial General Liability. An Auto policy must be bound to bind a Commercial General Liability policy.

Thank you for considering **AMERICAN SERVICE INSURANCE COMPANY, INC.** and The Atlas Group of Companies as your business partner and for the opportunity to provide you with this quote for the above risk.

PREPARED BY

**LaKeysha Cobbins**



Jocelyn Boyd  
Chief Clerk/Administrator  
Phone: (803) 896-5133  
Fax: (803) 896-5246

## *The Public Service Commission State of South Carolina*

COMMISSIONERS  
Comer H. "Randy" Randall, Third District  
*Chairman*  
John E. "Butch" Howard, First District  
Elliott F. Elam, Jr., Second District  
Thomas J. "Tom" Ervin, Fourth District  
Swain E. Whitfield, Fifth District  
Justin T. Williams, Sixth District  
G. O'Neal Hamilton, Seventh District

Clerk's Office  
Phone: (803) 896-5100  
Fax: (803) 896-5199

July 27, 2018

Charlene Sumpter d/b/a Sky Transport  
Post Office Box 212437  
Columbia, SC 29221

Dear Ms. Sumpter:

We are in receipt of the application for Class C (Non-Emergency) Certificate.

In reviewing the application, there are some things that need correcting:

1. Page 3 - You failed to list your proposed rates and charges.
2. Page 5 (Insurance Quote) needs to be completed and signed by your insurance representative. You failed to list the amount of the premium that you will be paying on the quote. If you have other documentation showing proof of insurance and the amount of premium and coverage, submit that with the insurance quote. Please keep in mind that you are required to have commercial insurance for your vehicles that you use in the business.
3. Page 8 - Please indicate if you wish to participate in the Commission's e-service system; if not, you will receive mail via certified mail.

Once you have completed the item above, please re-submit the complete application to the address listed below.

If you have any questions, please contact me at (803) 896-5240.

Sincerely,

Janice B. Schmieding  
Clerk's Office

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)